

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90074 019 ****70.00

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DOCUMENT # 719152

1. Entity Name

THE EVERGLADES CONSERVATION AND SPORTSMAN CLUB

Principal Place of Business

Mailing Address

PO BOX 524005
 MIAMI FL 33152

PO BOX 524005
 MIAMI FL 33152



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

SRD PO Box 72-A

Suite, Apt #, etc

Suite, Apt #, etc

72A Loop Road

City & State

City & State

Ochopee, FL

4. FEI Number

59-1735665

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

Zip

Country

Zip

Country

34141

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RACKEAR, GARY S ESO
 2534 SW 6 ST
 MIAMI FL 33135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MINCEY, VERNON	
STREET ADDRESS	11350 SW 127 ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FARINELLI, BRAD	
STREET ADDRESS	35 BONG FIGHT AVE.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCFADDEN, BURGESS L	
STREET ADDRESS	2801 SW 104 CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CLOVES, KATHY	
STREET ADDRESS	9845 SW 19TH ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HAMBY, AL	
STREET ADDRESS	8501 SW 18 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	BD	<input type="checkbox"/> Delete
NAME	YOUSE, CHARLES	
STREET ADDRESS	9340 SW 82 ST.	
CITY-ST-ZIP	MIAMI FL 33173	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moshanko, S. Paul	
STREET ADDRESS	2237 SW 68th Terr	
CITY-ST-ZIP	Miramar, FL 33023	
TITLE	Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Browning, Karen A	
STREET ADDRESS	306 SW 5th Ave	
CITY-ST-ZIP	Florida City, FL 33034	
TITLE	Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moshanko, Paul J.	
STREET ADDRESS	10500 SW 108 Ave, B-403	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: V. M. Mincey, Vernon Mincey, Treas 02/06/02 305-254-8432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)